Title	Supervised Visitation: Program Requirements (adopt Cal. Rules of Court, rule 5.240; repeal Cal. Standards Jud. Admin., § 26.2)
Summary	Adoption of rule 5.240 of the California Rules of Court and repeal of section 26.2 of the California Standards of Judicial Administration would convert the current recommended standards of practice for providers of supervised visitation to mandatory program requirements.
Source	Family and Juvenile Law Advisory Committee Hon. Michael Nash and Hon. Mary Ann Grilli, Co-chairs
Staff	Shelly Danridge, 415-865-7565, shelly.danridge@jud.ca.gov
Discussion	Family Code section 3200 (Sen. Bill 1643 [Solis]; Stats. 1996, ch. 387) required the Judicial Council to develop standards for supervised visitation providers. To fulfill this mandate, the council adopted the Uniform Standards of Practice for Providers of Supervised Visitation, effective January 1, 1998, as section 26.2 of the California Standards of Judicial Administration.
	Senate Bill 1643 addressed the critical need for high-quality visitation services based on provisions that would protect children, their parents, and the visitation service providers as well as define the responsibilities and duties of providers. The bill's sponsor, the California Alliance Against Domestic Violence, had expressed concerns about the lack of neutral monitors; too-frequent reliance on mutual friends or relatives to supervise visits; and the small number of independent supervised visitation providers. The increasing number of cases requiring orders for supervised visitation also contributed to the need for standards of practice.
	The Uniform Standards of Practice for Providers of Supervised Visitation provided the first statewide framework to assist centers, agencies, and independent providers in delivering safe, accessible services for children and the custodial and noncustodial parents.
	At the time of adoption, a wide range of opinions surrounded specific provisions of the standards. While some professional practitioners preferred detailed standards, increased regulation, and extensive judicial oversight for supervised visitation programs, others found the standards to be too detailed, rigorous, and complicated to administer. After careful consideration, the standards were adopted as recommended practices, to allow program providers sufficient time to implement them.

Currently, most of the supervised visitation providers are able to comply with section 26.2, and there is general consensus among them that the section should be converted to a rule of court. The proposed rule, which incorporates section 26.2, would include the following immediate changes:

- (1) technical changes will be made to provisions to clarify them;
- (2) change the precatory language in the standards and make the provisions relating to service delivery mandatory (e.g., change *should* to *must*);
- (3) clarify language to be consistent with the statute (e.g., change *adults* to *noncustodial party*);
- (4) add the word *health* before *safety and welfare of the child* to reflect the public policy of the state;
- (5) require all providers to possess a current valid driver's license and access to a car seat if transporting a child;
- (6) require professional and therapeutic providers to complete a criminal background check and fingerprint clearance, have adequate general and liability insurance for staff and parties using the services, and comply with training requirements under (subd. (e));
- (7) require professional and therapeutic providers to develop a written protocol for suspension or termination of supervised visitation and establish procedures for referring parties back to court when visitation has been suspended or terminated; and
- (8) incorporate language that is currently in subdivision (p) [Additional requirements for professional and therapeutic providers] as part of subdivision (o) [Temporary suspension or termination of supervised visitation].

Furthermore, professional and therapeutic providers will have additional training requirements. These providers will have one year from the effective date of this rule to come into compliance with the training requirements.

Given the importance of sustaining minimum service levels, accountability for providers, and assurances to the court for courtordered supervised visitation, the committee specifically requests comments on the following issues:

- 1. What should be considered the minimum mandatory qualifications for nonprofessional providers (i.e., friends or relatives)?
- 2. Regarding subdivisions (d) [Qualifications of providers] and (e) [Training for providers], opportunities for training and education in the practice of supervised visitation do not exist in the state. In addition, there is no certification process or regulatory agency that governs the practices of supervised visitation providers. Therefore, what should be considered the minimum professional qualifications and required minimum training (content and hours) for providers?
- 3. Regarding subdivision (h) [Conflict of interest], the current language prohibits "an employee of or [someone] affiliated with any superior court in the county in which supervision is ordered from becoming a supervised visitation provider in that jurisdiction. This has raised issues related to employment and labor practices and has aroused concerns about neutrality and bias among practitioners. Should the standards retain the word *employee* but delete *affiliated with*?
- 4. Regarding subdivision (*l*) [Safety considerations for sexual abuse cases], practitioners have reported that the language in subdivisions (*l*)(3) and (4) are vague and ambiguous. When supervised visitation providers are handling cases involving sexual abuse, what safety measures (considerations) are necessary, at a minimum, to protect the health, safety, and welfare of the child?
- 5. What additional aspects of this proposed rule need further development or elaboration to address a variety of issues, including provisions relating to guidelines for cases in which there are allegations of domestic violence, child abuse, substance abuse, or special circumstances, referrals, fees, continuing education, and ethical principles?

The text of section 26.2 of the California Standards of Judicial Administration is attached, with revisions marked at pages 4–13.

Attachments

Section 26.2 of the California Standards of Judicial Administration would be repealed and Rule 5.240 of the California Rules of Court would be adopted, effective January 1, 2004 to read:

Sec. 26.2. <u>Rule 5.240</u> <u>Uniform Standards of Practice Program requirements of practice</u> for supervised visitation providers of supervised visitation

1 2

- (a) [Scope of service] This section <u>rule</u> defines the duties and obligations for providers of supervised visitation as set forth in Family Code section 3200. Unless specified otherwise, the <u>standards</u> these requirements are designed to apply to all providers of supervised visitation, whether the provider is a friend, relative, paid independent contractor, employee, intern, or volunteer operating independently or through a supervised visitation center or agency. The goal of these standards is to assure the <u>health</u>, safety, and welfare of the child, adults, <u>custodial and noncustodial parties</u>, and providers of supervised visitation. Once safety is <u>assured</u>, ensured, the best interest of the child is the paramount consideration at all stages and particularly in deciding the manner in which supervision is provided. Each court is encouraged to <u>must</u>, within one year of the effective date of this rule, adopt local court rules necessary-to implement these standards this rule.
 - (b) [Definitions] Family Code section 3200 defines a provider as any individual or any supervised visitation center who monitors visitation. Supervised visitation is contact between a noncustodial party and one or more children in the presence of a neutral third person. These standards and this definition are not applicable to supervision of visitation exchanges only, but may be useful in that context.
 - (1) "Provider" is defined in Family Code section 3200.
 - (2) "Supervised visitation" is contact between a noncustodial party and one or more children in the presence of a neutral third person.
 - (3) "Nonprofessional provider" is any provider who is not paid for providing supervised visitation services.
 - (4) "Professional provider" is any provider paid for providing supervised visitation services, or an independent contractor, employee, intern, or volunteer operating independently or through a supervised visitation center or agency.

1 2 3 4 5 6 7		(5)	providing following and famili judicial of clinical se	
8		<u>(6)</u>		odial party" refers to a biological parent or other adult who is
9			authorized	d to have contact with the child.
10 11	(c)	[()]	alification	s, experience, and training of the provider] [Court control of
12	(C)			sitation] Who provides the supervision and the manner in which
13				provided depends on different factors including local resources,
14		_		tuation of the parties, and the degree of risk in each case. While
15				s the final decision as to the manner in which supervision is
16		prov	ided and a	ny terms or conditions, the court may consider
17				ons by the attorney for the child, the parties and their attorneys,
18			-	Services staff, evaluators, therapists, and providers of supervised
19				court retains the responsibility to bring the parties back before
20			_	pervision services are suspended or terminated or if a review of
21		the c	ease is nece	essary.
22 23	(4)	[0	alification	og of muovidous! Those one three kinds of muovidous.
24	<u>(d)</u>			as of providers There are three kinds of providers: al, professional, and therapeutic. All providers must have The
25				ninimum qualifications for providers are as follows:
26		1110 1	ionowing i	minimum quantications for providers are as follows.
27		(1)	The nonp	rofessional provider is any person who is not paid for providing
28		` /		d visitation services. Unless otherwise ordered by the court or
29				by the parties, the nonprofessional provider should must:
30			-	
31			(i)	be 21 years of age or older;
32				
33			(ii)	have no conviction for driving under the influence (DUI)
34				within the last 5 years;
35				
36			(iii)(ii)	not have been on probation or parole for within the last 10
37				years;
38 39			(iv)(iii)	have no record of a conviction an arrest for, a charge with, or a
40			(iv)(iii)	conviction of child molestation, child abuse, or other crimes
41				within the last 10 years against a person;
42				against a person,
- —				

1		(v) (iv)	have proof of automobile insurance, possess a valid current
2			drivers license, access to a car seat, and no conviction for
3			driving under the influence (DUI) within the last 5 years if
4			transporting the child;
5			
6		<u>(vi)(v)</u>	have no civil, criminal, or juvenile restraining orders within the
7			last 10 years;
8			
9		(vii) (vi)	have no current or past court order in which the provider is the
10			person being supervised;
11			
12		(viii) (vii)	not be financially dependent upon the person being supervised;
13			
14		(ix)(viii)	have no conflict of interest as per under subdivision (f) (h) of
15			this section; and
16			
17		$\frac{(x)(ix)}{(ix)}$	agree to adhere to and enforce follow the court order regarding
18		\	supervised visitation.
19			
20	(2)	The profe	essional provider is any person paid for providing supervised
21	(-)	_	services, or an independent contractor, employee, intern, or
22			operating independently or through a supervised visitation
23			agency. Unless otherwise ordered by the court, the The
24			nal and therapeutic provider should must:
25		profession	nui una merupeune provider snoula <u>must</u> .
26		(i)	be 21 years of age or older;
27		(1)	be 21 years of age of order,
28		(ii)	have no conviction for driving under the influence (DUI)
29		(11)	within the last 5 years;
30			within the last 3 years,
		(:::\(::\	not have been on probation or parole for within the last 10
31		(iii) (ii)	1
32			years;
33		(:)(:::)	1
34		(iv) (iii)	have no record of a conviction an arrest for, a charge with, or a
35			conviction of child molestation, child abuse, or other crimes
36			within the last 10 years against a person;
37		() (*)	
38		(v) (iv)	have proof of automobile insurance, <u>possess a valid current</u>
39			drivers license, access to a car seat, and no conviction for
40			driving under the influence (DUI) within the last 5 years if
41			transporting the child;
42			

1 2			(vi)(v)	have no civil, criminal, or juvenile restraining orders within the last 10 years;
3				
4 5			(vii)(vi)	have no current or past court order in which the provider is the person being supervised;
6				
7 8			(viii)(vii)	be able to speak the language of the party being supervised and of the child, or provide a neutral interpreter over the age of 18;
9				
10			(ix)(viii)	have no conflict of interest as per under subdivision (h) (f) of
11				this section; and
12			()(:)	
13			(x)(ix)	agree to adhere to and enforce follow the court order regarding
14 15				supervised visitation-;
16			(x)	have completed a criminal background check and a fingerprint
17			(A)	clearance check;
18				cicarance check,
19			(xi)	have adequate general and liability insurance for staff and
20			(111)	parties using the services; and
21				pulling the per trees, unit
22			(xii)	comply with the training requirements under subdivision (e).
22 23				
24		(3)	The thera	peutic provider is a licensed mental health professional paid for
25			providing	supervised visitation services, including but not limited to the
26			following	: a psychiatrist, psychologist, clinical social worker, marriage
27			and famil	y counselor, or intern working under direct supervision. A
28			judicial o	fficer may order therapeutic supervision for cases requiring a
29			clinical so	etting.
30				
31	<u>(e)</u>			providers] (4) Each court is encouraged to must make available
32			_	s informational materials about the role of a provider, the terms
33				of supervised visitation as per under subdivision (i) (k) of this
34				e legal responsibilities and obligations of a provider as <u>under</u> per
35				$\frac{(a)}{(b)}$ and $\frac{(b)}{(c)}$ and $\frac{(c)}{(c)}$ of this section. In addition, effective
36			•	5, the professional and therapeutic providers of supervised
37				ld must receive training in including but not limited to the
38		follo	wing:	
39				
40		(i)(1)		le of a professional and therapeutic provider;
41		(ii) (2		abuse reporting laws;
12		(iii) (l-keeping procedures;
13		(iv) (4	4) screen	ing, monitoring, and termination of visitation:

1	(v) (<u>:</u>	5) developmental needs of children;
2	(vi) ((6) legal responsibilities and obligations of a provider;
3	(vii)	<u>(7)</u> cultural sensitivity;
4	(viii	(8) conflicts of interest;
5	(ix) ((9) confidentiality requirements and limitations; and
6	(x) (10) issues relating to dynamics of domestic violence, child abuse, sexual
7		abuse, and substance abuse-;
8	<u>(11)</u>	techniques for dealing with high-conflict or difficult situations;
9	<u>(12)</u>	effects of separation and divorce and the impact on children and their
10		parents;
11	(13)	
12	(14)	CPR and first aid;
13	<u>(15)</u>	maintaining a neutral role; and
14	<u>(16)</u>	ethical principles involved in supervision of visits.
15		
16	(d)(f) [Sa	fety and security procedures] All providers should must make every
17	reas	onable efforts to assure ensure the health, safety, and welfare of the child
18	and	adults custodial and noncustodial parties during the visitation. Supervised
19		ation centers should <u>must</u> establish, with the assistance of the local law
20	enfo	preement agency, a written protocol that describes what emergency
21	assis	stance and responses can be expected from the local police or sheriff's
22	depa	artment. In addition, the professional and therapeutic provider should must
23	do a	ll the following:
24		
25	(1)	Establish and set forth in writing minimum <u>safety and</u> security procedures
26		and inform the parties of these procedures prior to the commencement of
27		supervised visitation;
28		
29	(2)	Conduct a comprehensive intake and screening to assess the nature and
30		degree of risk for each case. The procedures for intake should include
31		separate interviews with the parties before the first visit. During the
32		interview, the provider should must obtain identifying information and
33		explain the reasons for temporary suspension or termination of a visit as
34		specified in subdivision (o) of this section. If the child is of sufficient age
35		and capacity, the provider should must include him or her the child in part
36		of the intake or orientation process. Any discussion should must be
37		presented to the child in a manner appropriate to the child's
38		developmental stage an age-appropriate manner;
39		
40	(3)	Obtain during the intake process; (i) copies of any protective order, (ii)

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current court orders, (iii) any Judicial Council form relating to supervised

visitation orders, (iv) a report of any written records of allegations of

1 2		domestic violence or abuse, and (v) in the case of a child's chronic health condition, an account of his or her health needs;
3		
4 5	(4)	Establish written procedures to follow in the event a child is abducted during supervised visitation; and
6		
7	(5)	Suspend or terminate supervised visitation if the provider determines that
8 9		the risk factors present are placing in jeopardy the safety and welfare of the child or provider as enumerated in subdivision (i)(o) -of this section.
10		the chird of provider as endinerated in subdrivision (1) $\frac{1}{100}$ of this section.
11	$(a)(a)[\mathbf{p}_a]$	tio of children to providen The ratio of children to a professional
		itio of children to provider] The ratio of children to a professional
12	_	vider should be contingent upon: A professional provider may determine
13	the a	appropriate ratio of children to provider for each visit based upon:
14		
15	(1)	The degree of risk factors present in each case;
16		
17	(2)	The nature of supervision required in each case;
18		
19	(3)	The number and ages of the children to be supervised during a visit;
20		
21	(4)	The number of people visiting the child during the visit;
22	· /	
23	(5)	The duration and location of the visit; and
24	(0)	The durantes will be will the train, will
25	(6)	The experience of the provider.
26	(0)	The experience of the provider.
27	(f) (h)[C 0	inflict of interest] All providers should must maintain a neutral role by
28		sing to discuss the merits of the case, or to agree with or support one party
29		r another. Any discussion between a provider and the parties should must
30		or limited to the purposes of arranging visitation and providing for the
31		
		ty of the children. In order to avoid a conflict of interest, no providers
32	snot	uld <u>must not</u> :
33	(4)	
34	(1)	Be financially dependent on the person being supervised;
35		
36	(2)	Be an employee of the person being supervised;
37		
38	(3)	Be an employee of or affiliated with any superior or municipal court in
39		the county in which the supervision is ordered unless specified in the
40		employment contract; or
41		
42	(4)	Be in an intimate relationship with the person being supervised.
43	. ,	

(g)(i)[Maintenance and disclosure of records] The professional and therapeutic provider should must keep a record for each case, including but not limited to the following: (i) a written record of each contact and visit including the date, time, and duration of the contact or visit; (ii) who attended the visit; (iii) a summary of activities during the visit; (iv) actions taken by the provider, including any interruptions, termination of a visit, and reasons for these actions; (v) an account of critical incidents, including physical or verbal altercations and threats; (vi) violations of protective or court visitation orders; (vii) any failure to comply with the terms and conditions of the visitation as per under subdivision (i) (k) of this section; and (viii) any incidence of abuse as required by law.

1 2

- (1) Case recordings records and reports should must be limited to facts, observations, and direct statements made by the parties, not personal conclusions, suggestions, or opinions of the provider. All contacts by the provider in person, in writing, or by telephone with either party, the children, the court, attorneys, mental health professionals, and referring agencies, should must be documented in the case file. All entries should must be dated and signed by the person recording the entry.
- (2) If ordered by the court, or requested by either party or the attorney for either party or the attorney for the child, a report about the supervised visit should must be produced. These reports should must include facts, observations, and direct statements and not opinions or recommendations regarding future visitation unless ordered by the court. A copy of any report should must be sent to all parties, their attorneys, and the attorney for the child.
- (3) Any identifying information about the parties and the child, including addresses, telephone numbers, places of employment, and schools, is must be kept confidential, should and must not be disclosed, and should must be deleted from documents before releasing them to any court, attorney, attorney for the child, party, mediator, evaluator, mental health professional, social worker, or referring agency, except as required in reporting suspected child abuse.
- (h)(j)[Confidentiality] Communications between parties and providers of supervised visitation are not protected by any privilege of confidentiality. The psychotherapist-patient privilege does not apply during therapeutic supervision. The professional and therapeutic provider should, whenever possible, must maintain confidentiality regarding the case except when (i) ordered by the court; (ii) subpoenaed to produce records or testify in court; (iii) requested by a mediator or evaluator in conjunction with a court-ordered

1		iation, investigation, or evaluation; (iv) required by Child Protective
2	Serv	ices; or (v) requested by law enforcement.
3	(A) (I) FD I	
4		ineation of terms and conditions] The sole responsibility for
5		recement of all the terms and conditions of any supervised visitation is the
6		ider's. The provider is responsible for following all of the terms and
7		litions of any supervised visitation order. The terms and conditions for
8		supervised visitation, unless Unless otherwise ordered by the court, are as
9	follo	ws the provider must:
10		
11	(1)	Monitor conditions to <u>reasonably assure ensure</u> the <u>health</u> , safety, and
12		welfare of the child;
13		
14	(2)	Enforce-Follow the frequency and duration of the visits as ordered by the
15		court;
16		
17	(3)	Avoid any attempt to take sides with either party;
18		
19	(4)	Ensure that all contact between the child and the noncustodial party is
20	, ,	within the provider's hearing and sight at all times, and that discussions
21		are audible to the provider, unless a different order is issued by the court;
22		
23	(5)	Speak in a language spoken by the child and noncustodial party;
24	、	
25	(6)	Allow no derogatory comments about the other parent, his or her family,
26	(-)	the caretaker, the child, or the child's siblings;
27		<u></u>
28	(7)	Allow no discussion of the court case or possible future outcomes;
29	(*)	r
30	(8)	Allow no neither any provider nor the child to be used to gather
31	(=)	information about the other party or caretaker or to transmit documents,
32		information, or personal possessions;
33		mornation, or personal possessions,
34	(9)	Allow no spanking, hitting, or threatening of the child;
35	())	Throw no spanking, menig, or uncatening of the circus,
36	(10)	Allow no visits to occur while the visiting party appears to be under the
37	(10)	influence of alcohol or illegal drugs;
38		influence of diconor of megal drugs,
39	(11)	Allow no emotional, verbal, physical, or sexual abuse; and
40	(11)	Throw he emotional, verous, physical, or sexual abuse, and
41	(12)	Ensure that the parties follow any additional rules set forth by the
42	(12)	provider or the court.: and
43		provider or the court, and
1.5		

1 2	(13) Allow no other parties to attend visits unless their attendance has been specifically approved by the court or by both parties in writing.
3		-1
4	(i) (/)[Safety considerations for sexual abuse cases] In cases where there are
5		allegations of sexual abuse, the following additional terms and conditions are
6		applicable to all providers unless otherwise authorized by the court. Unless
7		otherwise authorized by the court, all providers must adhere to the following
8		additional terms and conditions in cases of sexual abuse:
9		additional terms and conditions in cases of sexual abase.
10	(1) Allow no exchanges of gifts, money, or cards;
11	(Throw no exchanges of girts, money, of eards,
12	(2) Allow no photographing, audiotaping, or videotaping of the child;
13	(2) Allow no photographing, audiotaping, or videotaping of the clind,
14	(3) Allow no physical contact with the child that appears inappropriate or
15	(sexualized, such as lap sitting, hair combing, stroking, hand holding,
16		prolonged hugging, wrestling, tickling, horseplaying, changing diapers, or
17		accompanying the child to the bathroom;
18		accompanying the child to the baunoon,
19	(4) Allow no whichering possing notes hand signals or hody signals that
	(4) Allow no whispering, passing notes, hand signals, or body signals that
20		appear inappropriate or sexualized; and
21	(5) Allow no companies divisitation in the location where the elleged covered
22	(5) Allow no supervised visitation in the location where the alleged sexual
23		abuse occurred.
24	(1-)/	
25		[Legal responsibilities and obligations of a provider] All providers of
26	5	supervised visitation have the following responsibilities and obligations must:
27		1) A deire Tufe we die newischefen een waard of een eenied deiried e
28	(1) Advise Inform the parties before commencement of supervised visitation
29		that no confidential privilege exists;
30		
31	(2) Report suspected child abuse to the appropriate agency, as provided by
32		law, and inform the parties of the provider's obligation to make such
33		reports;
34		
35	(3) Implement the terms and conditions as per under subdivision (i) (k) of
36		this section; and
37		
38	(4) Suspend or terminate visitation as per under subdivision (m) (o) of this
39		section.
40		
41		Additional legal responsibilities for professional and therapeutic
42	_	providers] In addition to the preceding legal responsibilities and obligations,
43	t	he professional and therapeutic provider should must:

- (1) Prepare a written contract to be signed by the parties before commencement of the supervised visitation. The contract should must inform each party of the terms and conditions of supervised visitation;
- (2) Review custody and visitation orders relevant to the supervised visitation;
- (3) Implement an intake and screening procedure as per under subdivision (d)(f) (2) of this section; and
- (4) Comply with additional requirements as per subdivision (n) of this section. Develop a written protocol for suspension or termination of visitation services; and
- (5) Establish and set forth in writing procedures for referring parties back to the court when visitation has been suspended or terminated.
- (m)(o)[Temporary suspension or termination of supervised visitation] All providers should must make every reasonable efforts to provide a safe visit for the child and the noncustodial party. However, if a provider determines that the rules of the visit have been violated, the child has become acutely distressed, or the safety of the child or the provider is at risk, the visit may be temporarily interrupted, rescheduled at a later date, or terminated. All interruptions or terminations of visits should be recorded in the case file. All providers should advise both parties of the reasons for interruption of a visit or termination. Visitation may be temporarily interrupted, rescheduled at a later date, or terminated if a provider determines that the rules of the visit have been violated, the child has become acutely distressed, or the safety of the child or the provider is at risk. When suspending or terminating visitation, professional and therapeutic providers must:
 - (1) State the reasons for suspension or termination of supervised visitation in writing and provide copies to both parties, their attorneys, the attorney for the child, and the court;
 - (2) Record all interruptions or terminations of visits in the case file; and
 - (3) <u>Inform both parties in writing of the reasons for interruption of a visit or termination of services.</u>
- (n)(p) [Additional requirements for professional and therapeutic providers]
 The professional and therapeutic provider should also state in writing the

reasons for temporary suspension or termination of supervised visitation in
writing and provide them to both parties, their attorneys, the attorney for the
child, and the court.